

PHARMACY INSPECTION REPORT REV:0506

DEPARTMENT OF HEALTH PROFESSIONS
6603 WEST BROAD STREET, 5TH FLOOR
RICHMOND, VIRGINIA 23230
www.dhp.virginia.gov

DATE	TIME	INSPECTION HOURS	OFFICE USE
------	------	------------------	------------

PHARMACY NAME		PHARMACY PERMIT NO. 0201	EXPIRATION DATE
STREET ADDRESS		CITY	STATE ZIP
PHARMACIST IN CHARGE		LICENSE NO. 0202	EXPIRATION DATE
HOURS OF OPERATION		TELEPHONE NO.	FAX NO.
PHARMACY EMAIL (OPTIONAL) <input type="checkbox"/> NEWSLETTER		PIC EMAIL (OPTIONAL) <input type="checkbox"/> NEWSLETTER	
INSPECTION TYPE: <input type="checkbox"/> NEW <input type="checkbox"/> CHANGE OF LOCATION <input type="checkbox"/> REMODEL <input type="checkbox"/> ROUTINE <input type="checkbox"/> OTHER - DESCRIBE			

C indicates in compliance with law or regulation

NC indicates not in compliance with law or regulation

AREA / REQUIREMENT	C NC	AREA / REQUIREMENT	C NC
PHARMACY PERMIT §54.1-3430		REQUIRED EQUIPMENT 18VAC110-20-170	
Pharmacy permit is conspicuously displayed.	<input type="checkbox"/> <input type="checkbox"/>	Current dispensing reference. Describe:	<input type="checkbox"/> <input type="checkbox"/>
PHARMACIST LICENSE §54.1-3314		Prescription balance sensitive to 15mg and weights or electronic scale if dispensing activity requires weighing.	<input type="checkbox"/> <input type="checkbox"/>
Pharmacist license is conspicuously displayed.	<input type="checkbox"/> <input type="checkbox"/>	Other equipment, supplies and references consistent with scope of practice. Describe:	<input type="checkbox"/> <input type="checkbox"/>
PHYSICAL STANDARDS 18VAC110-20-150		SECURITY SYSTEM 18VAC110-20-180	
Prescription department is at least 240 square feet.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Check if no alarm – pharmacy staffed by pharmacists 24 hours a day.	
Access to stock room, rest room and other areas is not through the prescription department.	<input type="checkbox"/> <input type="checkbox"/>	Sound, microwave, photoelectric, ultrasonic or other generally acceptable and suitable device.	<input type="checkbox"/> <input type="checkbox"/>
Pharmacy constructed of permanent and secure materials.	<input type="checkbox"/> <input type="checkbox"/>	Maintained in operating order and has backup power supply.	<input type="checkbox"/> <input type="checkbox"/>
Area is well lighted, ventilated and at proper storage temperature.	<input type="checkbox"/> <input type="checkbox"/>	Fully protects the prescription department and capable of detecting breaking by any means when activated.	<input type="checkbox"/> <input type="checkbox"/>
Counter work space is used only for compounding and dispensing and necessary record keeping.	<input type="checkbox"/> <input type="checkbox"/>	Access restricted to pharmacists working at the pharmacy. (See Exception: 18VAC110-20-190 B 2)	<input type="checkbox"/> <input type="checkbox"/>
Sink with hot and cold running water.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Check if security system was tested at time of inspection. Security system monitored by:	
Refrigeration for storage of drugs requiring cold temperature with a monitoring thermometer within prescription department. Refrigerator: Between 36°F & 46°F (2°C & 8°C) Freezer: Between -4°F & 14°F (-20°C & -10°C)	<input type="checkbox"/> <input type="checkbox"/>	Test verified by:	
Refrigerator: _____ Freezer: _____		ENCLOSURES 18VAC110-20-190	
SANITARY CONDITIONS 18VAC110-20-160		Enclosure protects the controlled drug stock from unauthorized entry and pilferage at all times whether or not a pharmacist is on duty.	<input type="checkbox"/> <input type="checkbox"/>
Pharmacy is clean, sanitary and in good repair & order.	<input type="checkbox"/> <input type="checkbox"/>	Enclosure is of sufficient height to prevent reaching over to gain access to drugs.	<input type="checkbox"/> <input type="checkbox"/>
Adequate trash disposal facilities and receptacles.	<input type="checkbox"/> <input type="checkbox"/>	Entrances to enclosed area have a door which extends no more than 6 inches from floor and as high as adjacent structure.	<input type="checkbox"/> <input type="checkbox"/>
COMMENTS:		Doors have locking device to prevent unauthorized entry in absence of the pharmacist.	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Drugs may be stocked in the new pharmacy (Issue Permit)		Only pharmacists practicing at the pharmacy, and authorized by the PIC, are in possession of keys or other means of opening the locking device, or to the alarm access code.	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Drugs may be moved to the remodeled area			
<input type="checkbox"/> Drugs may be moved to the new location			
<input type="checkbox"/> Deficiencies identified - Inspection Summary left with licensee			

ACKNOWLEDGEMENT: This pharmacy has been inspected by an inspector of the Department of Health Professions. The results of the inspection have been noted. I acknowledge that the noted conditions that have been deemed by the inspector as not being in compliance have been explained to me and that I have received a copy of this inspection report.

SIGNATURE OF INSPECTOR

SIGNATURE OF LICENSEE

DEPARTMENT OF HEALTH PROFESSIONS INSPECTION REPORT

INSPECTION DATE: _____

FACILITY NAME: _____ LICENSE NO: _____

FACILITY DIAGRAM - ATTACH TO INSPECTION REPORT